

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012926

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

316

Primary Registration District No.

3060

Registrar's No.

130

Registration District No.

FILED APR 9 1963

1. PLACE OF DEATH

a. COUNTY

St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Farmington

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri b. COUNTY Ste Genevieve (admission)

c. CITY OR TOWN Farmington

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Sunset Retirement Home

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

RFD # 3

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Ida

Middle

Elizabeth

Last

Helm

4. DATE OF DEATH

Month

March

Day

29

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/10/1888

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during last 12 months of life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Reynolds County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Lawson

13b. MOTHER'S MAIDEN NAME

Sallie Clemens

14. NAME OF HUSBAND OR WIFE

Abraham Helm (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unknown) (If yes, give war or dates)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ira Helms RFD #3, Farmington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hypostatic Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral apoplexy

3 weeks

DUE TO (c)

arteriosclerosis & hypertension

few hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Mar 1, 1963 to Mar 19, 1963 and last saw her alive on Mar 25, 1963
Death occurred at 9:50 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Lester Stanfield DO

22b. ADDRESS

Farmington, Mo. 63603

22c. DATE SIGNED

3/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/1/63

23c. NAME OF CEMETERY OR CREMATORY

Haney Cemetery

23d. LOCATION (City, town, or county)

Ste Genevieve County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Miller Funeral Home Farmington, Mo.

25. DATE RECD. BY LOCAL REG.

Mar. 30, 1963

26. REGISTRAR'S SIGNATURE

Ester R. Rindolf

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

3

4 1

5 2

6

7 0

8 2

9334X

10

11

12 86-2

13 1-0

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 10 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmingdale

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.